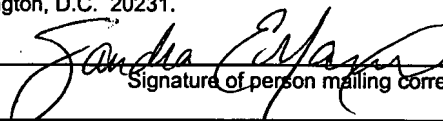


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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BO PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	04520/016002
Applicant	Bruce A. Littlefield, Monica H. Palme, Boris M. Seletsky, Murray J. Towle, Melvin J. Yu, and Wanjun Zheng
Title	Macrocyclic Analogs and Methods of Their Use and Preparation
PRIORITY INFORMATION:	
This application claims priority from United States provisional patent application, serial number 60/089,682 filed June 17, 1998.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	102 pages
Claims	5 pages
Abstract	1 page
Drawing	0 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$760	\$760.00
Excess Claims Fee: 21 - 20 x \$18	\$18.00
Excess Independent Claims Fee: 4 - 3 x \$78	\$78.00
Multiple Dependent Claims Fee: \$260	\$0.00
Total Fees:	\$856.00
<input checked="" type="checkbox"/> Enclosed is a check for \$856.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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 Signature	 Date